

# **YES ON AB 374**

## **Californians for Compassionate Choices**

### **Why Bioethicists Support The Compassionate Choices Act**

Enabling a mentally competent, terminally ill patient to determine the circumstances of his or her imminent death is ethically sound.

*Bioethicists supporting the California  
Compassionate Choices Act*

### **Physicians, Professors of Philosophy and Bioethics Experts Support End of Life Patient Choice**

“A physician’s ongoing medical care for an alert, terminally ill patient appropriately includes assistance in enabling a terminally ill patient to manage the time and manner of death.”

**Marcia Angell, MD**

*Former Editor of NEJM, Senior Lecturer in  
Social Medicine, Harvard Medical School*

“Empowering a competent dying patient with the power to determine time and manner of death is integral to effective end-of-life medical care for patients who seek such control, in the view of an emerging majority of physicians practicing in the United States today.”

**Elena Bezzubova, Assistant Clinical Professor  
Department of Medicine, UCI  
Clinical Associate, Southern California  
Psychoanalytic Institute - Los Angeles, CA**

“For patients with certain prognoses, palliative care and the ability to refuse treatment do not address their concerns about their final days. Some face a process of dying that includes extensive suffering involving progressive and inexorable loss of bodily function and autonomy, pain, nausea, shortness of breath, debilitating fatigue, and loss of ability to interact meaningfully with others. Some find this prospect unbearable and an affront to their values, beliefs, integrity and personhood. Increasingly, the medical profession and the public have come to consider it appropriate to offer these patients who would so choose a humane escape from a protracted dying process of this nature.”

**C. Ronald Koons, MD, FACP**

*Chair, Ethics Committee, UCI Medical Center  
Clinical Professor, Radiology, Oncology &  
Medical Ethics University of California, Irvine  
Member, California Medical Association*

“Fears about intimidation of patients and abuse of the underprivileged have proved unfounded. Up to one-third of the patients who obtain the medications never use them, a figure that suggests the absence of patient intimidation. Patients who seek prescriptions are on average better educated and more well-to-do than the average Oregonian, reflecting that the law is not imposed on the state’s most vulnerable citizens.”

**Lawrence J. Schneiderman, M.D.**

*Professor, Departments of Family and Preventive  
Medicine and Medicine, UCSD School of Medicine*

“Oregon’s Death With Dignity Act, now in effect for more than nine years, enables a mentally competent terminally ill patient, after advice regarding the availability of palliative care, two oral requests, a written request, a psychological examination by two physicians, and a waiting period, to obtain a prescription for medicine to enable the patient to control the time and manner of death.



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The Oregon statute's procedural protections have proved effective. The record, available as a result of the statute's extensive reporting requirements, establishes that the law provides a welcome option for a small number of terminally ill Oregonians. Relatively few patients seek prescriptions under the statute."

**W. Noel Keyes,**  
*Professor of Law Emeritus, Pepperdine University  
School of Law, Member Bioethics Committee -  
Malibu, CA*

"The question, I believe, is: 'Are we a society sufficiently compassionate to allow the choice of a hastened death to terminally ill, competent patients who are receiving state-of-the-art end-of-life care but are still suffering?' Bioethicists urge that California be such a compassionate society and that the California Compassionate Choices Act be enacted."

**Albert Flores, PhD**  
*Professor and Chair of Philosophy,  
California State University, Fullerton*

"It is the duty of every physician to respect his or her patients, communicate with them to the best of his or her ability, cure disease whenever possible, never abandon a patient in need, and, at all times, do his or her best to relieve suffering. Sadly, many patients do suffer tremendously at the end of life. Despite our best efforts, we are currently unable to alleviate suffering for all patients at the end of life. The fear of suffering can be powerful as well. I have known many people whose fear of suffering was tremendous. These individuals know that there is currently no legal option for their physician to assist them in dying as they choose. Because of this, many simply do not talk to their physician about their fears."

**Alex Kon, MD,**  
*Associate Professor of Pediatrics and Bioethics,  
University of California, Davis*

"I have treated scores of terminally-ill patients, and not one of them wanted to die. Not one of them wanted to 'kill' themselves. These patients wanted to live as long as they could experience life. They did not, however, want to prolong their deaths. As a physician, I resent the term 'physician-assisted suicide.' I have never felt I was assisting a suicidal patient, but rather aiding a patient with his or her end of life choice."

**Peter Goodwin, MD,**  
*Professor Emeritus, Dept. of Family Medicine,  
Oregon Health Science University*

"Patients who are confronting death from terminal illness wish not only for one that is as free of pain and suffering as possible, but also one that is authentic, in the sense that it is true to their personal identity and the narrative meaning of their life."

**Ben A. Rich, J.D., Ph.D.**  
*University of California, Davis*

"Dying is personal. And it is profound. For many, the thought of an ignoble end, steeped in decay, is abhorrent. A quiet, proud death, bodily integrity intact, is a matter of extreme consequence. In certain, thankfully rare, circumstances, the burden of maintaining the corporeal existence degrades the very humanity it was meant to serve."

**U.S. Supreme Court justice William Brennan**  
*(deceased)*

*We are physicians, attorneys, and professors of philosophy who address issues of medical ethics in our work. Our field of interest is known as bioethics. We study, write, advise and teach on the ethics of various medical options at the end of life. We consider enabling a mentally competent, terminally ill patient to determine the circumstances of his or her imminent death to be ethically sound and write in support of the California Compassionate Choices Act (CCCA), AB 374.*